PRINTED: 08/12/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVN3834HIC 04/22/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **580 CRANLEIGH DRIVE LIL GOLDEN HAVEN RENO. NV 89512** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) H 000 H 000 **Initial Comments** This Statement of Deficiencies was generated as a result of a State Licensure survey conducted in your facility on April 22, 2009. This State Licensure survey was conducted by authority of NAC 449, Homes for Individual Residential Care, adopted by the State Board of Health on November 29, 1999. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The census at the time of the survey was one.

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

This Regulation is not met as evidenced by: Based on record review on 4/22/09, the director failed to document at admission the abilities of 1

One resident file and one employee file were

The following deficiencies were identified:

NAC 449.15523 Director: Duties. (NRS 449.249)

2. Ensure that the needs of each resident of the home are assessed upon admission of the resident to the home, and that the assessment is updated as the needs of the resident change.

(a) Documentation of the abilities of the resident

H 012 Director Duties-Document Abilities

The director of a home shall:

Such an assessment must include:

to function independently; and

reviewed.

H 012

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/22/2009	
				CRANLEIGH DRIVE D, NV 89512			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMATI			ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE COM		(X5) COMPLETE DATE
H 012	H 012 Continued From page 1 of 1 residents to function independently. Findings include:			H 012			
	One resident file was reviewed. The file had no documentation of the ability of the resident to function independently.						
H 013	H 013 Director Duties-List Needed Assistance NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall: 2. Ensure that the needs of each resident of the home are assessed upon admission of the resident to the home, and that the assessment is updated as the needs of the resident change. Such an assessment must include: (b) A Complete list of the matters for which the resident requires assistance.			H 013			
	This Regulation is not met as evidenced by: Based on record review on 4/22/09, the director failed to list items in which 1 of 1 residents required assistance.						
	Findings include:						
		reviewed. The file had ns with which the resid					
H 033	Safety&Sanitation-First Aid Kit			H 033			
	NAC 449.15525 Req sanitation of facility. (2. A home must conta (c) A first-aid kit;		d				

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the stove was observed to have a thick, greasy substance on the backboard, side of the refrigerator facing the stove, stovetop and

ventilation area above the stove.

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good health, is free from active tuberculosis and any other communicable disease in a contagious

(b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG)

stage; and

vaccination.

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symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when

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chest radiograph of the person has been taken within 30 days preceding admission to the facility. 2. Except as otherwise provided in this section,

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designee or another licensed physician

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person must be kept in respiratory isolation until a health care provider determines that the person does not have active tuberculosis or certifies that.

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This Regulation is not met as evidenced by: Based on record review on 4/22/09, the facility

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